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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 ✓ none

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 ✓ none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 11/24/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MA	SHEETS DRAWING 10	TOTAL CLAIMS 52 40	INDEPENDENT CLAIMS 2
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TITLE  
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FILING FEE  RECEIVED 1336	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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